

03-21-01

A

Please type a plus sign (+) inside this box [+]

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 42390.P10713

(maximum 12 characters)

First Named Inventor Guy TherienTitle: A METHOD FOR DETERMINING OPTIMUM TRANSITION POINTS ON MULTIPLE PERFORMANCE STATE CAPABLE MICROPROCESSORSExpress Mail Label No. EL672752385US

ADDRESS TO: **Assistant Commissioner for Patents**
Box Patent Application
Washington, D. C. 20231

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. X **Fee Transmittal Form (e.g., PTO/SB/17)**
(Submit an original, and a duplicate for fee processing)
2. **Applicant Claims Small Entity Status. (37 CFR 1.27)**
3. X **Specification (Total Pages 16)**
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. X **Drawings(s) (35 USC 113) (Total Sheets 3)**
5. X **Oath or Declaration (Total Pages 5)**
 - a. Newly Executed (Original or Copy)
 - b. Copy from a Prior Application (37 CFR 1.63(d))
(for Continuation/Divisional with Box 17 completed)
 - i. **DELETIONS OF INVENTOR(S)** Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
 - c. X Unsigned.
6. **Application Data Sheet. (37 CFR 1.76)**
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statement verifying identity of above copies

Variable	Mean	SD	Min	Max	Median	Q1	Q3	Mode	Skewness	Kurtosis	Shapiro-Wilk	Normality
Age	35.2	12.5	18	65	32	28	36	35	0.15	2.8	0.98	Normal
Gender	1.2	0.4	1	2	1	1	1	1	0.05	0.5	0.95	Normal
Marital Status	2.1	0.8	1	3	2	1	3	2	0.12	1.5	0.97	Normal
Education	15.8	2.1	10	20	16	15	17	16	0.08	1.2	0.99	Normal
Income	1200	300	500	2000	1100	900	1300	1000	0.18	2.5	0.96	Normal
Occupation	1.5	0.5	1	3	1	1	2	1	0.03	0.2	0.99	Normal
Health Status	2.5	0.6	1	3	2	2	2	2	0.01	0.1	0.99	Normal
Stress Level	3.2	1.1	1	5	3	2	4	3	0.10	1.8	0.97	Normal
Life Satisfaction	4.1	0.9	3	5	4	4	4	4	0.02	0.3	0.99	Normal
Work-Life Balance	2.8	0.7	1	4	3	2	3	3	0.06	1.0	0.98	Normal
Family Support	3.5	0.8	2	4	3	3	3	3	0.04	0.6	0.99	Normal
Community Involvement	1.8	0.6	1	3	2	1	2	2	0.07	1.1	0.98	Normal
Personal Growth	3.8	0.9	2	5	4	3	4	4	0.03	0.4	0.99	Normal
Overall Well-being	3.0	0.8	1	4	3	2	3	3	0.05	0.9	0.98	Normal

- 18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

Applicant(s): Also include a Preliminary Amendment to amend the specification to claim priority.
For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

The undersigned states that _____ (name of assignee) is the assignee of the entire right, title, and interest in the accompanying patent application by virtue of an assignment recorded in the Patent and Trademark Office at Reel. No. _____ Frame No. _____ (or a copy of which is attached).

____ Customer Number or Bar Code Label
or
____ (Insert Customer No. or Attach Bar Code Label here)

Country U.S.A. TELEPHONE (408) 720-8300 FAX (408) 720-9397

Signature: Yan Yan It Date: 3/19/01

FEE TRANSMITTAL FOR FY 2001**TOTAL AMOUNT OF PAYMENT (\$)** 710.00**Complete if Known:****Application No.** Not yet assigned**Filing Date** Herewith**First Named Inventor** Guy Therien**Group Art Unit** Not yet assigned**Examiner Name** Not yet assigned**Attorney Docket No.** 42390.P10713**METHOD OF PAYMENT (check one)**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 02-2666
Deposit Account Name _____

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed: ☒ Check
☐ Credit Card
☐ Money Order
☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>		
101	710	201	355	Utility application filing fee	<u>710.00</u>
106	320	206	160	Design application filing fee	_____
107	490	207	245	Plant filing fee	_____
108	710	208	355	Reissue filing fee	_____
114	150	214	75	Provisional application filing fee	_____

SUBTOTAL (1) \$ 710.00**2. EXTRA CLAIM FEES**

		<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims	<u>16</u>	- 20** = <u>0</u>	X <u>.00</u>	= <u>.00</u>
Independent Claims	<u>3</u>	- 3** = <u>0</u>	X <u>.00</u>	= <u>_____</u>
Multiple Dependent				= <u>_____</u>

****Or number previously paid, if greater; For Reissues, see below.**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>
<u>Code</u>	<u>Fee (\$)</u>	<u>Code</u>	<u>Fee (\$)</u>	
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	For filing a submission after final rejection (see 37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (see 37 CFR 1.129(b))	
179	710	279	355	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
195	300	195	300	Publication fee for early, voluntary, or normal publication	
196	300	196	300	Publication fee for republication	
194	130	194	130	Request for voluntary publication or republication	
098	130	098	130	Processing fee under 37 CFR 1.17(i)	
091	1,240	091	1,240	Acceptance of unintentionally delayed claim for priority	

Other fee (specify) _____

Other fee (specify) _____

SUBTOTAL (3) \$ _____

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:

Typed or Printed Name: Tom Van Zandt

Signature: *Tom Van Zandt* Date: 3/19/01

Reg. Number: 43,219 Telephone Number: (408) 720-8300

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.